

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ELECTRONIC INFORMATION LABEL, ELECTRONIC INFORMATION LABEL SYSTEM AND METHOD OF LINKING ELECTRONIC INFORMATION LABELS
Attorney Docket Number::	1510-1084-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ANDREAS
Middle Name::
Family Name:: LINDGREN
Name Suffix::
City of Residence:: UPPSALA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing YMERGATEAN 24D
Address::
City of Mailing Address:: UPPSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-753 25

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: MASAHIRO
Middle Name::
Family Name:: MAEDA
Name Suffix::
City of Residence:: SOLNA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing VASAVAGEN 3
Address::
City of Mailing Address:: SOLNA

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-169 58

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: BJORN
Middle Name::
Family Name:: NILSSON
Name Suffix::
City of Residence:: JARLASA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing GRIPENSVARDSVAGEN 9
Address:: BOX 1087
City of Mailing Address:: JARLASA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-740 21

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PAR
Middle Name::
Family Name:: ROSANDER
Name Suffix::
City of Residence:: UPPSALA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing ORRSTIGEN 10

Address::

City of Mailing Address:: UPPSALA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-756 53

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2005/000259	2/23/05
	An appln. Claiming benefit under 35USC 119(e)	60/548,099	2/27/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0400500-5	2/27/2004	Yes
SWEDEN	0400581-5	3/5/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::